

AVAILABILITY OF DOCUMENT ADDED TO RULEMAKING FILE

NOTICE IS HEREBY GIVEN that the following document is being added to the rulemaking record for the regulatory proceeding concerning section 1079.2 in Title 16 Cal.Code Reg. :

1. License Application for Registered Dental Hygienist in Alternative Practice (rev. 11/05)

The above document is now available for public inspection and/or comment until August 31, 2006 at the following location:

Name of Agency	Dental Board of California
Contact Person	Donna Kantner
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DATED: August 16, 2006

Robert S. Hedrick, Executive Officer
Dental Board of California

CERTIFICATION RE AVAILABILITY OF DOCUMENT

I certify that the Dental Board of California has complied with the requirements of Section 11347.1 of the Government Code and that the attached notice was mailed, and pursuant to Government Code Section 11340.85, sent by electronic communication, on August 16, 2006.

The public comment period began on August 16, 2006 and ended on August 31, 2006.

DATED: September 1, 2006

Robert S. Hedrick, Executive Officer
Dental Board of California

**COMMITTEE ON DENTAL AUXILIARIES**

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**LICENSE APPLICATION FOR
REGISTERED DENTAL HYGIENIST
IN ALTERNATIVE PRACTICE**
OFFICIAL USE ONLY

Rec# _____ File# _____ { }9a { }9b

RDH #: _____ { }Bachelor's { }Equivalent

School: _____ Grad Date: _____

{ } Sig { } Notary { } DOJ { } FBI

FEE: \$100 (\$20 non-refundable application fee and \$80 licensure fee)

Please type or print clearly

1. **APPLICANT NAME:** Last First Middle2. **Social Security Number:**

List all other names that you have ever used:

3. **Birthdate** (mo/day/yr):4. **Address:** City State Zip5. **Telephone Numbers:**

Work ()

Home ()

6. **Current RDH Licensure Required.** Applicant must hold a current California RDH license.
Provide RDH License Number: _____

7. **Status of Licensure in other States.** Each state in which the applicant is, or has ever been, licensed must provide certification of licensure on the form provided - list each state here:

8. **Bachelor's Degree Requirement.** Each applicant must provide proof with their application of holding a bachelor degree or its equivalent from a college or institution of higher education. If the applicant does not hold a bachelor's degree, he or she may be considered qualified if he or she has completed 120 semester units (or equivalent quarter units) at a college or institution of higher education that is accredited by a national agency recognized by the Council for Higher Education or the United States Department of Education. The applicant must submit copies of all educational transcripts.

9. Experience Requirement

☐ I certify that I have been in the practice of dental hygiene, as defined by Business and Professions Code Section 1760.5, as a Registered Dental Hygienist in California for a minimum of 2,000 hours during the immediately preceding 36 months. A separate Certification of Dental Hygiene Clinical Practice form must be submitted with this application.

10. **Completion of Approved RDHAP Educational Program.** Each applicant must provide proof of successfully completing an RDHAP educational program approved by the Dental Board of California. A certificate of completion or diploma must be submitted with this application.

11. DISCIPLINARY ACTIONS

11a. Have you ever been charged with, or been found to have committed, unprofessional conduct, incompetence, gross negligence, or repeated negligent acts or malpractice by any dental or dental hygiene licensing board or agency? ☐ Yes ☐ No

11b. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? ☐ Yes ☐ No

11c. Have you ever been denied a license, or permission to practice dental hygiene, or permission to take an examination in any state, region, country, or U.S. Federal jurisdiction? ☐ Yes ☐ No

11d. In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice any form of dentistry, including hygiene or assisting, in another state or country? ☐ Yes ☐ No

If Yes to any of the above questions, give details on page 4 under Section 14, or on a separate attachment.

12. CRIMINAL CONVICTIONS

With the exception of traffic laws resulting in fines of \$300.00 or less, have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor, or felony in any state of the United States or in a foreign country? ☐ Yes ☐ No

Note: Under the provisions of Penal Code Section 1203.4, applicants must report any convictions or pleas of nolo contendere irrespective of a subsequent order that expunges the criminal record. Penal Code Section 1203.4 requires that applicants for licensure must report any conviction to any state or local licensing agency even if the conviction is dismissed. Applicants who answer "No" to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to section 480(c) of the Business and Professions Code.

If Yes to the above, give details below, or on page 4 under Section 14, or on a separate attachment.

Violation and Location	Date	Disposition of Case

13. EXECUTION OF APPLICATION

I declare that I am the applicant for Registered Dental Hygienist in Alternative Practice licensure referred to in this application.

I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely.

I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Committee on Dental Auxiliaries or the Dental Board of California any information, files or records requested by the Committee on Dental Auxiliaries or the Dental Board of California in connection with the processing of this application.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any Attachments hereto are true and correct.

Date

Signature of Applicant

NOTE: An applicant who signs this Application OUTSIDE the State of California shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

Place of Signing:_____

Notary
Seal

14. Space for additional answers to Application questions (list the number of the question being answered.)

Notice on Collection of Personal Information

Collection and Use of Personal Information. The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1774, and California Code of Regulations Sections 1076 and 1079.2. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Contact Information. For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 1428 Howe Avenue, Suite 58, Sacramento, CA 95826, 916-263-2595. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 400 R Street, Sacramento, CA 95814, (866) 785-9663 or email privacy@dca.ca.gov